ಎ ೦	TI.	-
•		

		d cs. Yes □ No ☑	dependent chik mmittee on Ethic	or liabilities of a spouse or first consulted with the Cor	income, transactions, yes" unless you have	sets, "unearned" Do not answer "	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Exemptions-
		Yes 🗆 No 🔀	" need not be pild?	rtain other "excepted trusts" need not be ur spouse, or dependent child?	ittee on Ethics and ce ust benefiting you, yo	ved by the Comm details of such a tr	Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" ne disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Trusts-
		FIONS	SE QUEST	WER EACH OF THESE QUESTIONS	ATION ANSI	JST INFORM	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSWER	EXCLUSION OF
			response.	schedule attached for each "Yes" response	schedule at		If yes, complete and attach Schedule V.	If yes, complete ar
		this part must be answered and the appropriate	e answered a		Each question in	Yes No 🗸	Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?	V. (more than \$10,000) c
				be and attach Schedule IX.	If yes, complete and		if yes, complete and attach Schedule IV.	if yes, complete ar
		tside Yes No	gement with an out	y reportable agreement or arrangement with an outside	Did you have any reports IX. entity?	Yes V No	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?	Did you, your spouse IV. reportable asset in a period?
				te and attach Schedule VIII.	If yes, complete and		If yes, complete and attach Schedule III.	If yes, complete ar
		Yes V No	re the date of filing	Did you hold any reportable positions on or before the date of filing in the current calendar year?	Did you hold any report VIII. current calendar year?	Yes 🗸 No 🗌	Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period?	Did you, your spouse III. more than \$200 in the more than \$1,000 at t
				te and attach Schedule VII.	If yes, complete and		If yes, complete and attach Schedule II.	If yes, complete ar
		travel or	ive any reportable i d (worth more than	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)?	VII. reimbursements for from one source)?	Yes No 🗸	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?	Did any individual or II. you for a speech, app
				te and attach Schedule VI.	If yes, complete and		If yes, complete and attach Schedule I.	If yes, complete an
		gift in rwise Yes □ No ✔	ive any reportable (\$335 and not other	ouse, or a dependent child receive any reportable gift in riod (i.e., aggregating more than \$335 and not otherwise	Did you, your spouse, or VI. the reporting period (i.e., exempt)?	Yes 🕢 No 🗌	Did you or your spouse have "earned" Income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?	Did you or your spou i. or more from any sou
					QUESTIONS	OF THESE	PRELIMINARY INFORMATION ANSWER EACH OF THESE QUESTIONS	PRELIMINARY
		more than 30 days late.	= 3 (Termination Date:		☐ Termination	Annual (May 15)	Report Type
		be assessed against					nouse of Representatives District: 12	Status
	VES	(A. \$200 (penalty/s bastin yes	Œ.	Employing Office:	Officer Or		Member of the U.S. State: PA	Filer
RC	201	CUIDARE WANDARY 9 2011 MC		(Daytime Telephone)			(Full Name)	
	5 = 3 30	SUBJECT STATES TO STATE OF SUBJECT SERVINGS		814-242-0866			MARK S CRITZ	
_			n		,			
*			Page 1 of 6 employees	rs, officers, and	FORM A For use by Member	TATIVES MENT	CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT	CALENDAR YEAR

SCHEDULE I - EARNED INCOME

Name MARK S CRITZ

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Туре	Amount
GREATER JOHNSTOWN SCHOOL DISTRICT	SPOUSE SALARY	\$65,832
U.S. HOUSE OF REPRESENTATIVES	CONGRESSMAN STAFF EMPLOYEE	\$22,514

Name MARK S CRITZ

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	\$1 - \$200	DIVIDENDS	\$1,001 - \$15,000	SP METLIFE STOCK
	NONE	None	\$15,001 - \$50,000	SP METLIFE PAID UP INSURANCE
	\$1 - \$200	INTEREST	\$1,001 - \$15,000	JOHNSTOWN SCHOOLS EMPLOYEES CU
	\$1 - \$200	INTEREST	\$1,001 - \$15,000	SP JOHNSTOWN SCHOOL EMPLOLYEES CU
	NONE	None	\$100,001 - \$250,000	FEDERAL THRIFT SAVINGS PLAN
	NONE	None	\$1,001 - \$15,000	JT CHECKING, FIRST NATIONAL BANK
				Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting and all the second standing or loss in a necessaril standing or loss in a necessarily standing or loss in the necessarily s
				For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A.
		period.		For rental or other real property held for investment, provide a complete address.
	of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was sarred or generated.	check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income	asset was sold and is included only because it is generated income, the value should be "None."	For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e.,plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.
\$1,000 in reporting year.	IRAs), you may check the "None" column. For all other assets, indicate the category	that generate tax-deferred income (such as 401(k)	other than fair market value, please specify the method used. If an	Provide complete names of stocks and mutual funds (do not use ticker symbols.)
Indicate if asset had purchases (P), sales (S), or exchanges (E)	For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or	Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or	Value of Asset at close of reporting year. If you use a valuation method	Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.
Transaction	Amount of Income	Type of Income	Year-End	Asset and/or income Source
BLOCKE	BLOCK D	вгоск с	вгоск в	BLOCK A

SCHEDL	SCHEDULE III - ASSETS AND "UNEARNED" INCOME	ME Name MARK S CRITZ	S CRITZ		Page 4 of 6
DC	PA 529 COLLEGE SAVINGS PLAN	\$15,001 - \$50,000	None	NONE	
DC	PA 529 COLLEGE SAVINGS PLAN	\$15,001 - \$50,000	None	NONE	
SP	PENNSYLVANIA TEACHERS SAVINGS PLAN	\$50,001 - \$100,000	None	NONE	
JT	SAVINGS BONDS	\$15,001 - \$50,000	INTEREST	\$5,001 - \$15,000	S(part)
DC	SAVINGS, FIRST NATIONAL BANK	\$1,001 - \$15,000	INTEREST	\$1 - \$200	.,,,
DC	SAVINGS, FIRST NATIONAL BANK	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
<u>_</u>	UNCASHED SAVINGS BONDS	\$1,001 - \$15,000	INTEREST	NONE	
SP	UNCASHED SAVINGS BONDS	\$1,001 - \$15,000	INTEREST	NONE	
거	UNCASHED SAVINGS BONDS	\$1,001 - \$15,000	INTEREST	NONE	
JT	UNCASHED SAVINGS BONDS	\$15,001 - \$50,000	INTEREST	NONE	
JT	UNCASHED SAVINGS BONDS	\$1,001 - \$15,000	INTEREST	NONE	

SCHEDULE IV - TRANSACTIONS

Name MARK S CRITZ

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out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below. Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented

JT	SP, DC,
SAVINGS BONDS	Asset
S(part)	Type of Transaction
No	Capital Gain in Excess of \$200?
VARIOUS	Date
\$15,001 - \$50,000	Amount of Transaction

SCHEDULE VIII - POSITIONS

Name MARK S CRITZ

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honorary nature; and positions listed on Schedule I. Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an

Position	Name of Organization
TREASURER, UNCOMPENSATED	JOHNSTOWN OLDTIMERS BASEBALL ASSOCIATION